

18 FEB 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10957
Registrar's No. 55

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Corner 47th Street & Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
In this community 20 Years

3. (a) PRINT FULL NAME Leslie Mrs. Emma Clarey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mr. High J. Clarey 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September 11 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 23 hr. min.

9. Birthplace Mapleton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

12. Name Edward Leslie

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Skinner

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant High J. Clarey

(b) Address 4626 Chestnut Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation High J. Clarey's Cemetery

18. (a) Signature of funeral director M. M. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 6, 1941 (b) M. M. Newcomer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson US
(c) City or town Kansas City ?
(If outside city or town limits, write "RURAL")
(d) Street No. 4626 Chestnut Ave. 8
(If rural, give location)
(e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 th
year 1941 hour 6 minute 07 M.

21. I hereby certify that I attended the deceased from --- to ---, 19 ---;
that I last saw him alive on ---, 19 ---;
and that death occurred on the date and hour stated above.
Immediate cause of death Crushing injury to chest
Auto trauma (pedestrian
struck by auto)

Other conditions ---
(If fatal pregnancy within 3 months of death)
Major findings: no operations
Of autopsy yes
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 12.9
(b) Date of occurrence Jan 4-41
(c) Where did injury occur? K.C. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Leslie Clarey
(Specify type of place)
Address ---
Date signed ---

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.